

CONDITIONAL HOUSING PERMIT/RESIDENTIAL RENTAL UNIT LICENSE

CITY OF ALTOONA
DEPARTMENT OF CODES AND INSPECTIONS
1301 12th Street, Suite 104
Altoona PA 16601
(814) 949-2456

OFFICE USE ONLY

- ☐ APPLICANT COPY
- ☐ FILE COPY
- ☐ FINANCE COPY
- ☐ INSPECTOR COPY

Section I: Information

Rental Unit/Building Address: _____
Facility Name/Designation: _____
No. of Units Per Building: _____ How Are Units Designated: _____

Section II: Owner(s) Required

(Owners refers to person or persons with legal title)

Type of owner: Individual (), Sole Proprietorship (), Partnership () Corporation (), Trust (), Other ()

Owner's Name _____

Address _____ City _____ State _____ Zip _____

Phone (Business) _____ Phone (Home) _____

If owner is a partnership, corporation or trust, complete the following for one partner, officer or trustee:

Name and Title _____

Address _____ City _____ State _____ Zip _____

Phone (Business) _____ Phone (Home) _____

Section III: Complete only if owner uses the services of an operator or contact person

(Mandatory if owner lives outside Blair County)

Name of operator or contact person _____

Address _____ City _____ State _____ Zip _____

Phone _____ Emergency Phone _____

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Housing Inspector (Required) _____ Date _____

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Amount received \$ _____

Payment Type: Cash _____
Check _____

Money Order _____

Fees for Rental Registration are as follows:

\$40.00 per unit for first 4 units per building

\$10.00 each additional unit per building thereafter

\$75.00 Re-inspection fee

Signature of Applicant _____ Date _____

Issuing Agent _____ Date _____

Submission of a false statement to a Public Official, pursuant to Section 4904 of Title 18 of the Pennsylvania Crimes Codes, constitutes a misdemeanor of the third degree offense, punishable by a fine and imprisonment of not more than one year.

INSTRUCTIONS FOR COMPLETING THIS FORM ON REVERSE SIDE

INSTRUCTIONS

Section I Complete this section by giving the address of the Rental Unit or the address of the building that contains multiple units. Also give the facility name, if applicable. An application must be filled out for each separate building. List the number of units per building, and explain how the units are designated. (example: 1, 2, 3, or A, B, C. etc.)

Section II In this section, begin by checking the area that applies to the owner, whether the owner is an individual, a sole proprietor, a partnership, a corporation, a trust, or other. Then list the owner name, address, city, state and zip code. Also list the owner phone numbers - business and home.

Section III Complete this section if the owner uses a contact person responsible for managing and maintenance of the facility. If the owner lives outside of Blair County, a contact person/firm MUST be designated. This person/firm shall be responsible for receipt of notices and scheduling of inspections.

Sign and date the bottom of the form. Mail the form to the Inspections Department with your fee (listed on the form) or return the form in person to the address on the top of the page.

Contact our office if you have any questions.

FEES FOR RENTAL REGISTRATION (DUE July 31st EACH YEAR)

\$40.00 per unit for first 4 units per building

\$10.00 each additional unit per building thereafter

HOW TO CALCULATE YOUR FEE(S)

Units per building = _____

1 through 4 units/building at \$40.00 per unit

_____(# of units) x \$40.00 = _____

OR

Number of units greater than 4 per building = _____

_____(# greater than 4) x \$10.00 = _____